

PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

10/511825

International Filing Date
Name of receiving Office and "PCT International Application"
Applicant's or agent's file reference (if desired) (12 characters maximum) 300511/PRS

<b>Box No. I TITLE OF INVENTION</b> CHANGING ADDRESSES	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  NOKIA CORPORATION Keilalahdentie 4 FIN-02150 Espoo Finland	Telephone No.  Facsimile No.  Teleprinter No.  Applicant's registration No. with the Office
State (that is, country) of nationality: FI	State (that is, country) of residence: FI
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)  PIETILAINEN, Antti Holmanmaentie 3 A 02240 Espoo Finland	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)  Applicant's registration No. with the Office
State (that is, country) of nationality: FI	State (that is, country) of residence: FI
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  SLINGSBY; Philip Roy Page White & Farrer 54 Doughty Street London WC1N 2LS United Kingdom	Telephone No. +020 7831 7929  Facsimile No. +020 7831 8040  Teleprinter No. 8955681  Agent's registration No. with the Office
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

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Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
<i>If none of the following states is used, this sheet should not be included in the request.</i>			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) <b>HIIRONEN, Olli-Pekka</b> <b>Leppakertuntie 3 A 11</b> <b>02120 Espoo</b> <b>Finland</b>		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: <b>FI</b>		State (that is, country) of residence: <b>FI</b>	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
		Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
		Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
		Applicant's registration No. with the Office	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

## Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

## Regional Patent

- ☒ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....
- ☒ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ **EP European Patent:** AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line) .....

## National Patent (if other kind of protection or treatment desired, specify on dotted line):

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates               | <input checked="" type="checkbox"/> GM Gambia                                    | <input checked="" type="checkbox"/> NZ New Zealand                 |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda                | <input checked="" type="checkbox"/> HR Croatia                                   | <input checked="" type="checkbox"/> OM Oman                        |
| <input checked="" type="checkbox"/> AL Albania                            | <input checked="" type="checkbox"/> HU Hungary                                   | <input checked="" type="checkbox"/> PH Philippines                 |
| <input checked="" type="checkbox"/> AM Armenia                            | <input checked="" type="checkbox"/> ID Indonesia                                 | <input checked="" type="checkbox"/> PL Poland                      |
| <input checked="" type="checkbox"/> AT Austria                            | <input checked="" type="checkbox"/> IL Israel                                    | <input checked="" type="checkbox"/> PT Portugal                    |
| <input checked="" type="checkbox"/> AU Australia                          | <input checked="" type="checkbox"/> IN India                                     | <input checked="" type="checkbox"/> RO Romania                     |
| <input checked="" type="checkbox"/> AZ Azerbaijan                         | <input checked="" type="checkbox"/> IS Iceland                                   | <input checked="" type="checkbox"/> RU Russian Federation          |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina             | <input checked="" type="checkbox"/> JP Japan                                     |  |
| <input checked="" type="checkbox"/> BB Barbados                           | <input checked="" type="checkbox"/> KE Kenya                                     | <input checked="" type="checkbox"/> SD Sudan                       |
| <input checked="" type="checkbox"/> BG Bulgaria                           | <input checked="" type="checkbox"/> KG Kyrgyzstan                                | <input checked="" type="checkbox"/> SE Sweden                      |
| <input checked="" type="checkbox"/> BR Brazil                             | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea     | <input checked="" type="checkbox"/> SG Singapore                   |
| <input checked="" type="checkbox"/> BY Belarus                            | <input checked="" type="checkbox"/> KR Republic of Korea                         | <input checked="" type="checkbox"/> SI Slovenia                    |
| <input checked="" type="checkbox"/> BZ Belize                             | <input checked="" type="checkbox"/> KZ Kazakhstan                                | <input checked="" type="checkbox"/> SK Slovakia                    |
| <input checked="" type="checkbox"/> CA Canada                             | <input checked="" type="checkbox"/> LC Saint Lucia                               | <input checked="" type="checkbox"/> SL Sierra Leone                |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LK Sri Lanka                                 | <input checked="" type="checkbox"/> TJ Tajikistan                  |
| <input checked="" type="checkbox"/> CN China                              | <input checked="" type="checkbox"/> LR Liberia                                   | <input checked="" type="checkbox"/> TM Turkmenistan                |
| <input checked="" type="checkbox"/> CO Colombia                           | <input checked="" type="checkbox"/> LS Lesotho                                   | <input checked="" type="checkbox"/> TN Tunisia                     |
| <input checked="" type="checkbox"/> CR Costa Rica                         | <input checked="" type="checkbox"/> LT Lithuania                                 | <input checked="" type="checkbox"/> TR Turkey                      |
| <input checked="" type="checkbox"/> CU Cuba                               | <input checked="" type="checkbox"/> LU Luxembourg                                | <input checked="" type="checkbox"/> TT Trinidad and Tobago         |
| <input checked="" type="checkbox"/> CZ Czech Republic                     | <input checked="" type="checkbox"/> LV Latvia                                    | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany                            | <input checked="" type="checkbox"/> MA Morocco                                   | <input checked="" type="checkbox"/> UA Ukraine                     |
| <input checked="" type="checkbox"/> DK Denmark                            | <input checked="" type="checkbox"/> MD Republic of Moldova                       | <input checked="" type="checkbox"/> UG Uganda                      |
| <input checked="" type="checkbox"/> DM Dominica                           | <input checked="" type="checkbox"/> MG Madagascar                                | <input checked="" type="checkbox"/> US United States of America    |
| <input checked="" type="checkbox"/> DZ Algeria                            | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> UZ Uzbekistan                  |
| <input checked="" type="checkbox"/> EC Ecuador                            | <input checked="" type="checkbox"/> MN Mongolia                                  | <input checked="" type="checkbox"/> VN Viet Nam                    |
| <input checked="" type="checkbox"/> EE Estonia                            | <input checked="" type="checkbox"/> MW Malawi                                    | <input checked="" type="checkbox"/> YU Yugoslavia                  |
| <input checked="" type="checkbox"/> ES Spain                              | <input checked="" type="checkbox"/> MX Mexico                                    | <input checked="" type="checkbox"/> ZA South Africa                |
| <input checked="" type="checkbox"/> FI Finland                            | <input checked="" type="checkbox"/> MZ Mozambique                                | <input checked="" type="checkbox"/> ZM Zambia                      |
| <input checked="" type="checkbox"/> GB United Kingdom                     | <input checked="" type="checkbox"/> NO Norway                                    | <input checked="" type="checkbox"/> ZW Zimbabwe                    |
| <input checked="" type="checkbox"/> GD Grenada                            |  |  |
| <input checked="" type="checkbox"/> GE Georgia                            |  |  |
| <input checked="" type="checkbox"/> GH Ghana                              |  |  |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....
<input type="checkbox"/> .....	<input type="checkbox"/> .....	<input type="checkbox"/> .....

**Precautionary Designation Statement:** In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box<sup>4</sup> *If the Supplemental Box is not used, this sheet should not be included in the request.*

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ...." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
  - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
  - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
  - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
  - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
  - (v) *if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;*
  - (vi) *if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.*

## Continuation of Box IV

### Agents continued

RICHARDS; David John (GB)  
 JENKINS; Peter David (GB)  
 DRIVER; Virginia Rozanne (GB)  
 DANIELS; Jeffery Nicholas (GB)  
 STYLE; Kelda Camilla Karen (GB)  
 SHACKLETON; Nicola (GB)  
 SLINGSBY; Philip Roy (GB)  
 HILL; Christopher Michael (GB)  
 RUUSKANEN; Juha-Pekka (FI)  
 WILLIAMS; David John (GB)  
 BOAKES; Jason Carrington (GB)  
 EVANS; Marc Nigel (GB)  
 EVENSON; Jane Harriet (GB)

### All of:

PAGE WHITE & FARRER  
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 United Kingdom

**Box No. IX CHECK LIST: LANGUAGE OF FILING**

This international application contains: (a) the following number of sheets in paper form: request (including declaration sheets) : 5 description (excluding sequence listing part) : 9 claims : 2 abstract : 1 drawings : 1 Sub-total number of sheets : 18 sequence listing part of description ( <i>actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below</i> ) : Total number of sheets : 18 (b) sequence listing part of description filed in computer readable form (i) <input type="checkbox"/> only (under Section 801(a)(i)) (ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii)) Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained ( <i>additional copies to be indicated under item 9(ii), in right column</i> ):	This international application is accompanied by the following item(s) ( <i>mark the applicable check-boxes below and indicate in right column the number of each item</i> ): 1. <input type="checkbox"/> fee calculation sheet : 2. <input type="checkbox"/> original separate power of attorney : 3. <input type="checkbox"/> original general power of attorney : 4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: GPA01/0375 : 5. <input type="checkbox"/> statement explaining lack of signature : 6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): : 7. <input type="checkbox"/> translation of international application into (language): : 8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material : 9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other)) : (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : (ii) <input type="checkbox"/> ( <i>only where check-box (b)(i) or (b)(ii) is marked in left column</i> ) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column : 10. <input type="checkbox"/> other ( <i>specify</i> ): :	Number of items
Figure of the drawings which should accompany the abstract: 1	Language of filing of the international application: English	

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).*

SLINGSBY; Philip Roy - Authorised Representative

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1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received:  <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

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